

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Patton et al Application No: 10/693,318 Confirmation No: 8226 Filed: October 24, 2003 Title: METHOD AND DEVICE FOR DELIVERING AEROSOLIZED MEDICAMENTS		Group Art Unit: 3771 Examiner: Matter, Kristen Clarette Attorney Docket No: 53207-US-CNT[4] (0001.13) July 13, 2009 San Francisco, California 94107																			
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																			
Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th></th> <th style="width:35%;">Large Entity</th> <th style="width:35%;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td align="center">\$130.00</td> <td align="center">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td align="center">\$490.00</td> <td align="center">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td align="center">\$1,110.00</td> <td align="center">\$555.00</td> </tr> <tr> <td align="right" colspan="3">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00		
Extension (Months)	Extension Fee																				
	Large Entity	Small Entity																			
<input type="checkbox"/> One Month	\$130.00	\$65.00																			
<input type="checkbox"/> Two Months	\$490.00	\$245.00																			
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																			
Total \$ 0.00																					
Fees for Extra Claims																					
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee															
				Large Entity	Small Entity																
Total Claims	38	38	0	\$52.00	\$26.00	\$0.00															
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00															
Multiple Dependent Claims	0	0	0	\$390.00	\$195.00	\$0.00															
Supplemental Information Disclosure Statement																					
Total						\$0.00															
Fee Payment <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Fee for Extra Claims</td> <td align="center">\$0.00</td> </tr> <tr> <td>Fee for Extension of Time</td> <td align="center">\$0.00</td> </tr> <tr> <td>Total</td> <td align="center">\$0.00</td> </tr> </table>				Fee for Extra Claims	\$0.00	Fee for Extension of Time	\$0.00	Total	\$0.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .											
Fee for Extra Claims	\$0.00																				
Fee for Extension of Time	\$0.00																				
Total	\$0.00																				
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ _____. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00. CERTIFICATE OF TRANSMISSION (37 C.F.R. §1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571)273-8300, or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>July 13, 2009</u> Melanie Hitchcock				Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, CA 94107 Respectfully Submitted, By: <u>Guy V. Tucker</u> Date: <u>July 13, 2009</u> Registration No. 45,302																	